ST AVAILABLE COPY ASSESSED ASS												
Application or Docket Number											ber	
PATENT APPLICATION FEE DETERMINATION RECORD												
Effective December 29, 1999 09 519008												
			SMALL			OTHER	THAN					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							TYPE		OR	SMALL		
FC	R ·	NUMBE	NUMBER FILED		NUMBER_EXTRA		RATE	FEE	li	RATE	FEE	
BASIC FEE			10				345.00	OR		690.00		
			minus 2		J. Co. M. J. Strain Total L.	ř	X\$ 9=				511	
						1			OR	X\$18=	54	
INDEPENDENT CLAIMS 5 minus 3 =			3 =			X39=		OR	X78=			
MULTIPLE DEPENDENT CLAIM PRESENT							+130=		OR	+260=	_	
• If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	744	
CLAIMS AS AMENDED - PART II							OTHER THAN					
(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL	ENTITY	
1		CLAIMS REMAINING		HIGHESY NUMBER	PRESENT	Γ	DATE	ADDI: TIONAL		BATE	ADDI- TIONAL	
怎		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA		RATE	FEE	,	RATE	FEE	
AMENDMENTA	Total	. 34	Minus	. 34	- Ø	Γ	X\$ 9=		OR	X\$18=		
Æ	Independent	· 8	Minus	5	= 3		X39=		OR	X78=	252.00	
[FIRST PRESE	NTATION OF MI	JLTIPLE DEP	ENDENT, CLAIM		 		 /	J.		20	
							+130=		OR	+260=	PV	
						A	TOTAL DDIT, FEE		OR	TOTAL ADDIT. FEE	2520	
	(Column 1) (Column 2) (Column 3)											
0		CLAIMS REMAINING	·	HIGHEST '	PRESENT	Г		ADDI-			ADDI-	
		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA		RATE	TIONAL FEE~		RATE	TIONAL FÉE	
AMENDMENT	Total	. 34	Minus	34	=		X\$ 9=		OR	X\$18=	1	
撞	Independent	· 8	Minus	··· 8	=/		X39=	/		X78=	/ · · · ·	
Į₹	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDENT CLAIM		 	 /	1	OR	/	}	
Γ							+130=		OR	+260+		
1	Dial les						TOTAL LODIT: FEE	2	OR	YOYAL		
'	7/26/6 (Column 1) (Column 2) (Column 3)								-			
	FISZ TITE	CLAIMS		HIGHEST		lr		ADDI-	1	<u> </u>	ADDI-	
10	1000	REMAINING AFTER		NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL	
¥	25 1182 ·	AMENDMENT		PAID FOR		 		FEE			FEE	
AMENDMENT	Total	1.77	Minus	"X/_	- /		X\$ 9=		OR	X\$18=	<u> </u>	
M	Independent	· 7	Minus	*** 8	- /		X39=		OR	X78=	/	
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					! 	465	1/	1	.000	//	
			ha antarin nel-	ma 9 water 40° to a	niuma 3	L	+130=	! -/	OR	+260=	!	
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE									OR	TOTAL ADDIT, FEE		
1 "	""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.											

FORM PTO-875 (Rev. 12/99)